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BORIS UNIVERSE MAINTENANCE FORM

EPA	ID P	Α	D	0	7	3	7	3	4	5	٥	1	<i>υ</i> έ	
Facility Na	me_Do	min	0 5	aluc	<u>ige</u>	·····							,	7 ₀
Source: N	AS	E			١	Notif	icatio	n Dat	e _2	110	192			>
Waste Activity	Туг) 0	F	355/3	Reg		117 3534	CRA lescri	Reg otion					
Generator	_3			\sim)			€	8					
Transporter	•			•			-							1
TSD Burner							-							
HWF Marke	et to Blend	er		HV	VF Ot	her M	 Narket			Н	WF Bu	ıner		ı
OSO Marke							farket							
SO ACT:		,										_		
Burner Typ	e: Utility (3oiler		Inc	dustria	al Boi	ler			F	urnace	·		١
Undergrour	nd Injection	n Cont	rol:											
Recycler:							, ,							-
Mode of Tra	ansportation		ir Other		ail		Highv	vay_		Wate	er			
1	Code Info		-	one))									
PROCESS CDE/SEQ	COM		AMT TYPE		TATUS	3	AMO	UNT	, U	ЮМ	NO. C UNIT		REPOR DATE	Т
		_				-				_				_
	IR Inspection n	eport		-			Affidavit	irom the	facility					
	Revised Notific	ation from	n the state	•			Affidavit	from the	state					
	Revised Notific	ation from	n the facili	ty -	X		Biennial	hoqen						
	EPA clean dos	sure certif	ficate	•			Docume	ntation n	ot requir	ed				
	State documer	ntation ce	rtifying de	an dosu	re									
	Other									o Data E	•			
									Batch	Number				
									Date	QAd				

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BORIS UNIVERSE MAINTENANCE FORM

EPA ID P	A	D	٥	7	3	7	3	4	5	٥	1
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Facility Name	Domin	10 Sa	luage				17
Source: N A			0	tification Da	te_2/10	192	
Waste Activity	Туре	RC	RA Reg Status	RCRA Descri			
Generator	3	· <u> </u>	\sim	<u> </u>	8		
Transporter				<u> </u>			
TSD							
Burner							
HWF Market to	Blender		HWF Othe	r Market	Н	WF Buner	
OSO Market to	Burner		OSO Othe	r Market	C	SO Burner _	
SO ACT:							
Burner Type:	Utility Boiler		Industrial E	Boiler	_ F	urnace	
Underground Ir							
Recycler:				. •	:		
Mode of Transp	portation: /	Air Other _		_ Highway _	Wat	er	
Process Coo Source E or			one)				
PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE
							-
IRIn	spection report			_ Affidavit from the	facility		
Revi	sed Notification In	om the state		 Affidavit from the 	state		
Revi	sed Notification In	om the facility	X_	_ Biennial report			
EPA	clean dosure cer	tificate		- Documentation	not required		
State	e documentation of	ertifying dean	dosure				
Othe	ər				Date to Data 6	intry	
					Batch Number		
						ADD 9	5 1004

(to N8)

legion

	plan	
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: SITE NAME Domino Salvage, Inc.	The state of the s	U.S. ENVIRONMENTAL PROTECTION AGENCY 1991 Hazardous Waste Report
EPA ID NO. P; A D 0, 7, 3 7, 3, 4 5, 0, 1	FORM IC	FEB 0 1992
INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the	the 1991 Hazardous W	aste Report Dook to North Manual Property of the Report Dook to 100 Manu
SEC. I Site name and location address. Complete items Athrough H. Check t	he box 🖾 in items A.	C. E. F. G. and H if same as label; if
different, enter corrections. If label is absent, enter information. Instruc		
A. EPA ID No. Same as label 🖽 or B. County	Montgomery	
C. Site/company name D. Has th	e site name associated with	this EPA ID changed since 1989?
Same as label 🗱 or ——>	X Don't know	2 No
E. Street name and number. If not applicable, enter industrial park, building name or other physical location same as label 1251 Conshohocken State Road	n description.	
F. City, town, village, etc.	G. State Same as label XX	. Zip Code Same as label
Same as label KCX	Same as label 42	
SEC. II Mailing address of site. Instruction page 6		
A. Is the mailing address the same as the location address? 1 Yes (SKIPTO SEC.	111.)	
☐ 2 No (GO TO BOX	•	
B. Number and street name of mailing address		The state of the s
.C. City, town, village, etc.	D. State	E. Zip Code
SEC. III Name, title, and telephone number of the person who should be conta	cted if questions arise	e regarding this report. Instruction page 6
•	v.consultant CA Corp.	2 11 15 (6 14 13) - (5 14 16 16) Extension
SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes to the services rendered at the site's physical location. Enter more than of activities of the site. Instruction page 7	he principal products, ne SIC Code only if no	group of products, produced or distributed, or o one industry description includes the combined
A. (4 ₁ 9 ₁ 5 ₁ 3) B. (c.	<u> </u>) D.
"I certify under penalty of law that this document and all attachments we system designed to assure that qualified personnel properly gather and or persons who manage the system, or those persons directly responsible best of my knowledge and belief, true, accurate and complete. I am aw Resource Conservation and Recovery Act for submitting false information violations."	evaluate the informati- le for gathering the in- are that there are signi n, including the possi	on submitted. Based on my inquiry of the person formation, the information submitted is, to the ificant penalties under Section 3008 of the bility of fine and imprisonment for knowing
A. Please print: Last name First name		B. Title
Sabia Andrew C. Signature	J	President D. Date of signature
Collection 1.		MO. DAY YR.
		Page 1 of 1

Sec. VI - Generator Status	EPA ID NO.	A D 0 7 3 7 3 7 5 0 1
A. 1991 RCRA generator status Instruction page 7 (CHECK ONE BOX BELOW)	B. Reason for not generating Page 9 (CHECK ALL THAT APPLY)	
1 LOG 2 SOG (SKIP TO SEC. VII) 3 CESOG A Non generator (CONTINUE TO BOX B)	Never generated Out of business Only excluded or delisted waste	4 Only non-hazardous waste 5 Periodic or occasional generator 6 Waste minimization activity 7 Other (SPECIFY COMMENTS IN BOX BELOW)
Sec. VII - On-Site Waste Management S	Status	
RCRA permitted or interim status storage Instruction page 10	B. RCRA permitted or interim status treatment, disposal, or recycling Page 10	C. RCRA-exempt treatment, disposal, or recycling Page 11
Sec. VIII - Waste Minimization Activity du	ring 1990 or 1991	
Did this site begin or expand a <u>source</u> <u>reduction</u> activity during 1990 or 1991? Instruction page 11	Did this site begin or expand a recycling activity during 1990 or 1991? Page 12	 Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991 Page 12
☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No
D. Did any of the factors listed below delay or limit Page 12 (CHECK YES OR NO FOR EACH ITEM) Yes No	this site's ability to initiate new or additiona	al <u>source reduction</u> activities in 1990 or 1991?
1 2 a. Insufficient capital to install ne	w source reduction equipment or impleme on source reduction techniques applicable mically feasible: cost savings in waste ma	to the specific production processes
☐1 ☐ 2 d. Concern that product quality r☐1 ☐ 2 e. Technical limitations of the pro☐1 ☐ 2 f. Permitting burdens	·	
1 2 h. Source reduction previously in		
	this site's ability to initiate new or additions	al on-site or off-site <u>recycling</u> activities during 1990 or 199
Page 12 (CHECK YES OR NO FOR EACH ITEM)		
Yes No □ 1 □ 2 a. Insufficient capital to install ne		Technical limitations of production processes inhibit
or implement new recycling p		on-site recycling . Permitting burdens inhibit recycling
applicable to this site's specificable to this site is specificable to the site is spe	feasible: cost savings in 1 2 k	t. Unable to identify a market for recyclable materials . Recycling previously implemented additional
capital investment Concern that product quality r	may decline as a result 🔲 1 🔲 2 r	recycling does not appear to be technically feasible m. Recycling previously implemented – additional
of recycling 1 2 e. Requirements to manifest was	stes inhibit shipments off 🔲 1 🔲 2 r	recycling does not appear to be economically feasible. Recycling previously implemented - additional
site for recycling 1 2 f. Financial liability provisions in	·	recycling does not appear to be feasible due to permitting requirements
recycling 1 2 g. Technical limitations of produshipments off site for recycling	ction processes inhibit	o. Other (SPECIFY COMMENTS IN BOX BELOW)
Comments: in error. This form	d in the 1991 Hazardous W IC has been filled out in R Solid Waste Specialist	aste Report majing list apparent accordance with instructions from
Comments: in error this to The	K Solid Waste Specialist	Page 2 of 2

RCRIS UNIVERSE MAINTENANCE FORM



EPA ID P A D	073734501
Facility Name Domino	Salvage INC
Source: N A S E	Notification Date 2/16/94
Waste Activity Type	RCRA Reg Status Description

Activity	Type		Status	Descr	ption		
	2		R				
Generator							
Transporter		- -					
TSD							
Burner							
1	to Blender_			r Market		IWF Buner	
	to Burner _		OSO Other	Market		OSO Burner _	
SO ACT:	,						
Burner Type	: Utility Boile	er	Industrial B	Boiler	_	urnace	
Underground	d Injection Co	ntrol:					
Recycler:							
Mode of Tra	nsportation:	Air Other	_ Rail	_ Highway _	Wat	er	
	ode Informa or S (circle	tion	one)		**********		
PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE
V	IR Inspection report			Affidavit from the	facility	War et	
	Revised Notification f	rom the state		. Affidavit from the	state		
	Revised Notification f	rom the facility		Biennial report			
	EPA clean closure ce	rtificate		- Documentation r	ot required		
	State documentation	certifying clear	n closure				204
	Other		•		Date to Data f	MAR 2 2 19	77 4
					Batch Numbe	-11	7 1
						APRA	1994

EVALUATION - VIOLATION - ENFORCEMENT FORM
Handler ID Number Handler Type
PAD 07373450 LDF[] TSF[] INC[] LOG M SOG[] CEG[] TRA[]
Handler Name Date Submitted
V (a) (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
DOMIND SALVAGE INC. ANDREW SALVAGE INC. City
1251 CONSHOHOCKEN ROAD / CONSHOHOCKEN
EVALUATION Add Change Delete
Date Number Agency Type Reason Branch Person O21694 S CEF LL PABAK
AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)
GER GPT GBF TWD DGS DLT DPB DWP
GGR E GRR TGR DCH DGW DMC DPP DBF
GLB E GSC TMR DCL DIN DMR DSI CAS
GOR GEX E TRR DFR DLF DOT DTT CSS
Comments NOTIFYING AS SQG
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION
Agency Number Area Date Determined Agency Number Area Date Determined
VIOLATION Add Change Delete Link to Above Evaluation? (Y/N)
Agency Number Area Class Regulation Type Regulation Citation
Returned to Compliance
Date Determined Priority Branch Person Scheduled Actual
Comments
VIOLATION Add Change Delete Link to Above Evaluation? (Y/N)
Agency Number Area Class Regulation Type Regulation Citation
Date Determined Priority Branch Person Scheduled Actual
Comments Not Required by EPA

Pennsylvania Department of Environmental Resources Bureau of Waste Management

Hazardous Waste Inspection Report GENE Generators — Part A



170 16 1604		. 4	m
Date of inspection FEB. 16, 1994			
Name of inspector			
Company, installation name POMINO SA	LVAGE INC.		·
Location 1251 CONSHOHOCKEN ROAL			
County MONTGOMERY	Municipali	ty <u>PLymo</u>	UTH TWP
Identification number PADO737345	01		
Name of responsible official ANDREW SAB	JA		
Title PRESIDENT			
Mailing address SAME			
Area code and telephone number (215) 27	5 - 1580		
Name of person interviewed A. SABIA			
Title			
Mailing address (if different from above)			
Area code and telephone number			
1. Current waste handling method:			
a. 🗆 On-site 🗆 treatment,	storage,	disposa	ni 🗆 PBR
b. 🗆 On site 🗆 use,	reuse,	☐ recycle	, 🗆 reclaim
c. ☑ Off-site ☐ treatment,	storage,	□ disposa	l /
d. 🖸 Off-site 🗆 use,	reuse,	recycle	, 🗹 reclaim
2. Amount of hazardous waste produced:			
•	<u>∩0, </u>		
b < 1200 Kg	g/#R kg./yr.		
			,
3. Types of hazardous waste produced by Ha. Waste Number Destin	zardous Waste Number nation Facility	and destinat	ion facility (include location and type). Location and Type
Tracto Italiasor	·		
DOOL SAFETY KLEEN - W	IEST CHEJER	PA:D	000738849 RECUIM
			• • •

Penacytronic Department of Environmental Secourses

Hazardous Waste Inspection Report Generators — Part B

		1-	No Vi	elation Observed 2-Net Applicable 3-Net Determined	- Noz-Compliance
_		etus	7	REQUIREMENT	Chapter Citation
1	2	3	4	Hazardous waste determination, copies evallable	262
			┼	Identification number	
/			┼		.12(a
				Hazardous waste shipments offered only to licensed transporters	.12(d
4			<u> </u>	Authorization received from TSD facility for wastes shipped off-site	.13
1	/			PA manifest used for intrastate shipments	.20(b
	/			Disposer state manifest or EPA format manifest used for out-of-state shipments	.20(c
				Manifests filled out properly and completely	:39(8
	/			Manifests routed properly and within time limits (7 days)	.23(c,1,f,g,1)
T	/			Proper U.S. DOT shipping containers or packages	.30(1
T				Shipping containers mericed and labeled according to U.S. DOT	.30(2
T	7			Containers of 110 gal, or less asserted with required PA label	.30(3
†	Ž			Placards offered to transporter .	.33
†	Z			Wastes accumulated on-site for less than 90 days	34(1
†	J			Wastes stored in proper containers and properly marked and labeled	.34(2)
T	7			Containers managed in accordance with 265.171177	.34(3)
T	7	1		Container's clearly marked with accumulation date and visible for inspection	.34(4)
T	コ		7	Records retained at designated facation for 20 years	-40
T	7		\top	Overterly reports submitted to the Department	.41
T	1	\neg	7	Exception reporting procedures followed	.42
	1			Hazardous weste disposal plan, if required	.45
	1		1	Spill reporting precodures followed	.46(a)
L				Preparedness, Prevention and Contingency Plan and implemented 265.5154	34(a)(5),
L				Special requirements followed for international shipments	50.53.55.6
L			\prod	On the job or classroom personnel training program 265.16	.34(a)(5
	1			Drum accumulation area inspected weekly as per 265.174	.34(a)(3)
_`				Menifests legible (all copies)	.23(h)
,	1			Tanks managed in accordance with 265.190195	.34(a)(2
	4			Preparedness and Prevention as per 265.3137	.34(a)(5
١				Emergency Procedures as per 265 55- 56	.34(a)(5

Pennsylvania Department of Environmental Resources Bureau of Waste Management

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

		1-N	o Violation Observed 2-Not Applicable 3-Not Determined 4-Non-C	Compliance
Sta	atus		DECHIDENTAL	Citation
2	3	4	HEQUIREMENT	40 CFR Part 268
			Generators	
	Ī		Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
			Dilution not used as a substitute for treatment.	3
<i>/</i>			Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.	7(a)(5), (a)(6
			Storage Facilities	
			Facility verifies generators classification of waste in accordence with waste analysis plan.	25 Pa Code 265.13(c)
			Containers marked to identify contents and accumulation date.	50(a)(2)
			Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
			Facility maintains records of documents produced pursuant to LDR requirements.	7(a)(6)
			Treatment Facilities, including PBR and RRR Facilities	
			Dilution not used as a substitute for treatment.	3
			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.	7 (b)
			Certification and/or notification sent with shipments of waste.	7(b)(4), (b)(5), (b)(6)
			Land Disposal Facilities	•
			Facility tests wastes received to assure compliance with applicable treatment standards.	7(c)(2)
			Facility land disposes of restricted waste only if it meets applicable treatment standard.	40
			Facility retains copies of generator notifications and certifications.	7(c)(1)
		Status 2 3	Status 2 3 4	REQUIREMENT Generators Notification sent with shipments of wastes that do not meet treatment standards. Notification and certification sent with shipments of wastes meeting treatment standards. Dilution not used as a substitute for treatment. Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification. Storage Facilities Facility verifies generators classification of waste in accordence with waste analysis plan. Containers marked to identify contents and accumulation date. Notification sent with shipments of wastes that do not meet treatment standards. Notification and certification sent with shipments of wastes meeting treatment standards. Facility maintains records of documents produced pursuant to LDR requirements. Treatment Facilities, Including PBR and RRR Facilities Dilution not used as a substitute for treatment. Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan. Certification and/or notification sent with shipments of waste.

Commonwealth of Pennsylvenia Department of Environmental Recources Surges of Wests Management

Inspection Report Comments

Date of Inspection FEB. 16, 1994 Identification Number PAD07373450/
Company/Facility/Site Name <u>POMINO SALVAGE</u> INC.
AN INSPECTION WAS PERFORMED AT DOMING SALVAGE INC.
BY BRIAN KOSOWSKI ON FEB. 16, 1994. THE PURPOSE OF THIS
VISIT WAS TO PERFORM A HAZARNUS WASTE GENERATOR EVALUATION.
ANDREWSABIA WAS PRESENT ON THIS DATE, DOMINO SALVAGE INC. NOTIFIED THE EPA AS A LARGE
QUANTITY HAZARDOUS WASTE GENERATOR ON 12-29-89. A COPY
OF THE NOTIFICATION WAS REVIEWED DURING THE INSPECTION.
ANDREW SABIA NOTED THAT THE COMPANY ONLY GENERATES A FEW
GALLOWS OF HAZARDOUS WASTE FACH MONTH AND SHOULD BE
LISTED AS A SMALL QUANTITY GENERATOR.
TWO PART WASHING UNITS ARE USED AT THIS LOCATION.
THE PART WASHER USED IN THE TIRE PROCESSING AREA GENERATES
APPROXIMATELY 5-10 GALLONS OF DOOL WASTE EVERY SIX WEEKS.
THE PART WASHER USED IN THE GUARRY AREA GENERATES
APPROXIMATELY 25-50 GALLONS OF DOOL WASTE PER MONTH
THE SAFETY KLEEN CONTRACT AND COPIES OF THE
SAFETY KLEEN SERVICE/SALES AGREEMENT/ ACKNOWLEDGEMENT
WERE REVIEWED ON THIS PATE.
DOMINO SAWAGE INC. APPEARED TO MEET THE SMALL GUANTITY
GENERATOR REGULATORY REQUIREMENTS BUT FAILED TO COMPLY WITH
In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements. This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations. This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.
Parson Interviewed (signature) Date
Inspector (signature)Date
Page 4 of 5

Commonwealth of Penasylvania Department of Environmental Resources Burees of Wasta Management

Inspection Report Comments

Date of Inspection FEB. 16, 1994 Identification Number PAD 0738450
Company/Facility/Site Name DOMINO SALVAGE INC.
ALL LARGE QUANTITY REQUIREMENTS, IT IS SUGGESTED
THAT DOMINO SALVAGE EITHER RENOTIFY AS A SMALL QUANTITY
GENERATOR OR MEET ALL LARGE QUANTITY GENERATOR
REQUIREMENTS BY MARCH 1, 1994. A COPY OF THE EPA
NOTIFICATION FORM AND PA SUPPLEMENT WERE PROVIDED ON THIS
DATE. IT IS SUGGESTED THAT THE FORMS BE SENT TO THE
LOCATIONS LISTED IN THE NOTIFICATION FORDS AND COPIES
BE SENT TO THIS OFFICE.
In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements. This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations. This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does ecknowledge that the person was shown the report or that a copy was left with the person.
Person Interviewed (signature)
Inspector (signature) Brian M. Kosousoki Date 2/16/94

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filling Notification before completing this form. The Information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

♦EPA

Notification of Regulated Waste Activity

ு Date **ருக்கில்** (For Official Use Only)

FEB 2 5 1994

United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPAID Number B. Subsequent Notification A. First Notification (Complete Item C) II. Name of Installation (Include company and specific site name) m a III. Location of installation (Physical address not P.O. Box or Route Number) Street 2 5 Street (Continued) City or Town State Zip Code 9 8 4 **County Code** County Name IV. Installation Mailing Address (See Instructions) Street or P.O. Box City or Town State **Zip Code** 2/8 V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) (First) a Job Title Phone Number (Area Code and Number) 2 VI. Installation Contact Address (See Instructions) A. Contract Address scation Mailing Other B. Street or P.O. Box Zip Code City or Town State VII. Ownership (See Instructions) A. Name of installation's Legal Owner Street, P.O. Box, of Route Number 5 2 O City or Town State Zip Code 9 0 (Date Changed) Month Day D. Change of Owner Indicator C. Owner Type B. Land Type Phone Number (Area Code and Number) Day P 2 7 7 フ 0 2

		ID - For Official Use Only
III. Type of Regulated Waste Activity (
A. Hazardous	Waste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rall 3. Highway 4. Water 5. Other - specify	required for this activity; so instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burne b. Other Marketers c. Boller and/or Industrial Furner 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustic Device(s) 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace Underground Injection Control	a. Marketer Directs Shipment of Use Oil to Off-Specification Burner b. Marketer Who First Claims the Us Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) Combustion Device(s) a. Utility Boller b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
. Description of Hazardous Wastes (U		
	ous Wastes. (Mark 'X' in the boxes corres tion handies; See 40 CFR Parts 261.20 - 261.	
1 2 DOOI 8	FR 261.31 - 33; See Instructions if you need to	5 6 11 12 12 12
Other Wastes. (State or other wastes re	equiring a handler to have an I.D. number; S	ee instructions.)
1 2	3 4	5 6
Certification		
ystem designed to assure that qualified person r persons who manage the system, or those	onnel properly gather and evaluate the informa persons directly responsible for gathering th e, and complete. I am aware that there are sign	my direction or supervision in accordance with tion submitted. Based on my inquiry of the pers e information, the information submitted is, to t nificant penaities for submitting false information
ignature ////	Name and Official Title (Type or	print) Date Signed
11/11	Andrew J. Sabia.	President 2-16-94
. Comments		
	The state of the s	
ote: Mail completed form to the appropriate	EPA Regional or State Office. (See Section	III OT the DOOKIet for addresses.)

change contact, owner address, type

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1 <u>P 1 A 1 D 1 D 1 7 1 3 1 7 1 3</u>	141510111 Date: 3-8-94
FACILITY NAME Domino Salv	
New Faci	V .
Name Change	
Location of	Installation
Street	
City/Town	StateZip
County CodeCounty Name	
<u> Installation</u>	Mailing Address
Street	
City/Town	StateZip
	ion Contact
Last Name Sabia	First Andrew
Job Title President	Phone # (610) 277-7279
Street	
City/Town	StateZip
Own	ership
Name of Legal Owner	
Street 1251 Conshocker	
city/Town Conshocken	State PA Zip 19428
Phone #(610) 277-7274	Land TypeOwner Type
Wast	e Codes
Delete Old Waste Codes	Add New Waste Codes
Updated in RCRIS by RR	Date 3/17/94

Waste	Type		RA Reg.	RCRA Reg.
Activity		; S	tatus	Desc.
1.001/101				
a	3			
Generator				
TSD		-		
Transporter				
Mode of Transp	ortation:			
Air	Rail	Highway	Water	Other
Burner/Blender		·		
Burner, bremes	B Boiler	and/or Indi	etrial Eurn	ace (BIF) only.
				ace (bii) onij.
		ly; Smelter		
				ption claimed.
	N Not a	Burner/Blend	ler, Verifie	đ.
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HWF Market to			 L Lb. b	!
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	enga	iged in mark	eting to bur	ners of hazardous waste
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HWF Other Mark		;		
nur other mark			at the Wandl	er is engaged in
				ing activities other than
	gene	erator marke	ting to burr	er.
HWF Burner	خينو			
	B Boiler	and/or Ind	ustrial Furn	ace.
		ation of act		
OGO Variat ta		icion of doc	1110].	•
OSO Market to		-		
				ler is a generator
	engage	ed in market	ing to burne	ers of off-spec. used oil
	fuel.	1		
OSO Other Mark	cet	•		
		indicates th	at the Handi	ler is engaged in
				oil fuel other than
				(e.g., marketing to
	used (oil refinery).	
OSO Burner				
	B Boile:	r and/or Ind	ustrial Fur	nace.
		ation of Act		
SO ACT:				
BO ACT	Code	indicating t	hat the hand	ller is engaged in
				uel oil activities.
	B Boile	r and/or Ind	ustrial Fur	nace.
	X Indic	ation of Act	ivity.	4
Burner Types			_	
	Boiler	Industrial	Boiler.	Ind. Furnace
Underground I				
onderground 1	Tection co	10101 <u></u>		lem generates and/or
				ler generates and/or
				of hazardous waste
	and h	as an inject	ion well lo	cated at the installation.
Recycler:			•	i
•	C Comme	rcial	•	
		ommercial Re	cvcler	
				·
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	Blank Not	a recycler,	unverified.	



ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

01/25/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> PAD073734501

FACILITY NAME -> DOMINO SALVAGE INC

MAILING ADDRESS -> 1251 CONSHOHOCKEN CONSHOHOCKEN, PA 19428

INSTALLATION ADDRESS ->

1251 CONSHOHOCKEN CONSHOHOCKEN, PA 19428

EPA Form 8700-12AB (4-80)Z

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III 841 CHESTNUT BUILDING PHILADELPHIA, PA 19107

ATTN: INTEGRATED MANAGEMENT AND SUPPORT SECTION - 3HW53

TO: HUMES TIM VP DOMINO SALVAGE INC 1251 CONSHOHOCKEN CONSHOHOCKEN, PA 19428

MATERIAL SAFETY DATA SHEET

SAFETY-KLEEN CORP. 777 Big Timber Rd. Elgin, KL 60120



DENTITY (As Used on Level and Usa) Safety-Kleen 105 Solvent-MS		Note: Blank spaces are not permitted. If any item is not applicable, or no information is evaluable, the space must be marked to indicate that,								
Section I Par	t #6617									
Manufacturer's Name Safety-Kleen Corp.		Emergency Tele								
Address (Number, Street, City, State, and ZIP Code)		312/697-8460 Telephone Number for Information								
777 Big Timber Road		312/697-8460 Date Prepared								
Elgin, Illinois 60120		11/6/85								
		Signature of Pro	perer (cptical)							
Section II - Hazardous Ingredienta/Iden	ntity information	n								
Hazardous Components (Specific Chemical Identity;	Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (aptions					
Mineral Spirits		500 ppm	100 ppm	-	99.9+					
Dye		Unk.	Unk.	_	0.003					
Anti-Static Agent		Unk.	Unk.	100 est.	l ppm					
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Section III — Physical/Chemical Charact	teristics									
Section III — Physical/Chemical Charact Boiling Point	310-	Specific Gravity	(H ₂ O = 1)		0.775-					
Boiling Point			(H ₂ O = 1)		0.775- 0.795					
Boiling Point	310-	Specific Gravity Metting Point	(H ₂ O = 1)							
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Section VI — Health Hazard Data Fourses of Every Roughor? Sun? Ingestion? Sun? Ingestion - Can cause drying of skin. Eves - severe irritant. Inhalation - excessive inhalation can cause headache, dizziness and nausea. Ingestion - harmful or fatal if swallowed. Curinopandry NTP? WAC Morograph? CSMA Requised? Not a known or potential carcinogen. Sora and Symptoms of Exposure Unknown. Medical Cordinors Weekly Approved by Exposure Unknown. Expression of Fig. Add Procedures SKin - Wash with i p and water. Eyes - Irrigate with water. Inhalation - Remove to fresh air source and cal a physician. Ingestion - DO NOT induce vomiting. Call a physician. Section VII — Precautions for Safe Handling and Use Skins to Be Tavan in Class Medical is Reisland of Spain Catch and collect for recovery as soon as possible. Avoid exposure to sparks, fire, flame, hot surfaces. Wash Oscossi Method Dispose of in accordance with company, local, state and federal regulations. **Can buried repeated contact with skin. If clothes are inadvertently saturated with solvent companies of the State of Catch and repeated contact with skin. If clothes are inadvertently saturated with solvent for Processing and Processing Spain Research Contact with skin. If clothes are inadvertently saturated with solvent for the SMOKE- keep away from heat, sparks, flame. Use with adequate ventilation. Avoid long and repeated contact with skin. If clothes are inadvertently saturated with solvent for the Processing Processing Spain	Hazardous				may yic	id edibon mor	10/4/10/10	
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EPA Form 8700-12 (Rev. 11-85) Reverse



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD073734501

DOMINO SALVAGE INC 1251 CONSHOHOCKEN CONSHOHOCKEN , PA 19428 ANDREW SABIA PRES

INSTALLATION ADDRESS

1251 CONSHOHOCKEN CONSHOHOCKEN PA 19428

EPA Form 8700-12B (6-90)